

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of Steve Dunn et al.	Group Art Unit: 3744
Application No.: 09/902,904	Examiner: Steve Gravini
Filed: July 11, 2001	Docket No.: MBI-1064
For: BOTTLE RACK	

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

June 25, 2012

SMALL ENTITY ISSUE FEE PAYMENT

Dear Sir:

In reply to the June 22, 2012 Notice of Allowance, Applicant's are submitting the Reissue Issue Fee payment of \$870.00 for a small entity. The Fee Transmittal incorrectly indicated a large entity fee due in the amount of \$1740.00. Under 37 CFR 1.27, Applicant's are entitled to a small entity designation as initially indicated in their original filing documentation (see attached) and operated under throughout the entirety of this case. Applicant's were never apprised of an entity change, and never requested a change. If additional fees are required or credits are due, the Commissioner is hereby authorized to charge such additional fees to Deposit Account no. 50-5664.

Respectfully submitted,

/Robert Z. Evora/

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Attachment: Reissue App Fee Transmittal (2 Pages)

07-12-01

A/Re

1c962 U.S. PTO
07/11/01

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (02-01)

Approved for use through 01/31/2004 OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	MBI-1064
	First Named Inventor	DUNN
	Original Patent Number	6,038,784
	Original Patent Issue Date (Month/Day/Year)	3/21/2000
	Express Mail Label No.	EL022641315US

APPLICATION FOR REISSUE OF:
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies), or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Certificate of.....
Mailing via.....
Express Mail.....

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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NAME (Print Type)	John L. Knoble	Registration No. (Attorney/Agent)	32,387
Signature		Date	7/10/2001


Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

PTO
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) MBI 1064		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(i))	(B) 49	**** 29 =	x \$ 9 =	261	or	x \$ _____ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 6	* 4 =	x \$ 40 =	160		x \$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$355		\$ _____	
Total Filing Fee					\$776	OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0462</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>776.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>4/10/01</u> Date		 Signature of Applicant, Attorney or Agent of Record <u>John L. Knoble</u> Typed or printed name						